

**House File 2129 - Introduced**

HOUSE FILE 2129

BY T. OLSON

**A BILL FOR**

1 An Act relating to measuring and improving the quality of care  
2 for stroke patients.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 147A.30 Definitions.

2 As used in this subchapter, unless the context otherwise  
3 requires:

4 1. "*Categorization*" means a determination by the department  
5 that a hospital is capable of acting as a level 1, level 2,  
6 or level 3 stroke center in accordance with criteria adopted  
7 pursuant to chapter 17A for level 1, level 2, or level 3 stroke  
8 care capabilities.

9 2. "*Department*" means the department of public health.

10 3. "*Hospital*" means a facility licensed under chapter 135B.

11 4. "*Stroke center*" means a hospital which provides stroke  
12 care and has been verified by the department as having level 1,  
13 level 2, or level 3 care capabilities and issued a certificate  
14 of verification pursuant to this subchapter.

15 5. "*Stroke triage system*" means an organized approach to  
16 providing personnel, facilities, and equipment for effective  
17 and coordinated stroke care.

18 6. "*Verification*" means a formal process by which the  
19 department certifies a hospital to provide stroke care in  
20 accordance with criteria established for a level 1, level 2, or  
21 level 3 stroke center.

22 Sec. 2. NEW SECTION. 147A.31 Stroke triage plan and system  
23 development.

24 1. The department is designated as the lead agency in this  
25 state responsible for the development of a statewide stroke  
26 triage system.

27 2. The department, in consultation with the EMS advisory  
28 council, shall develop, coordinate, and monitor a statewide  
29 stroke triage plan and system.

30 a. The plan shall provide for a statewide prehospital  
31 and interhospital stroke triage strategy to promote rapid  
32 access for stroke patients to appropriate organized stroke  
33 care through publication and regular updating of information  
34 on resources for stroke care, and publication of generally  
35 accepted criteria for stroke triage and appropriate transfer.

1     *b.* The system shall include but is not limited to the  
2 following:

3     (1) The categorization of all hospitals as stroke centers  
4 by the department in accordance with their capacity to provide  
5 stroke care.

6     (2) The issuance of a certificate of verification for  
7 each categorized hospital from the department at the level  
8 demonstrated by the hospital. The standards and verification  
9 process shall be established by rule and may vary as  
10 appropriate by level of stroke care capability. To the extent  
11 possible, the standards and verification process shall be  
12 coordinated with other applicable accreditation and licensing  
13 standards.

14     (3) Upon verification and the issuance of a certificate of  
15 verification, a hospital shall agree to maintain a level of  
16 commitment and resources sufficient to meet responsibilities  
17 and standards as required by the stroke care criteria  
18 established by rule under this subchapter. Verifications are  
19 valid for a period of three years or as determined by the  
20 department and are renewable. As part of the verification and  
21 renewal process, the department may conduct periodic on-site  
22 reviews of the services and facilities of the hospital.

23     Sec. 3. NEW SECTION. **147A.32 Statewide stroke registry.**

24     1. The department shall maintain a statewide stroke  
25 registry to compile information and statistics on stroke care  
26 including prevalence, mortality, and performance metrics for  
27 acute stroke patients. The purposes of the statewide stroke  
28 registry are to monitor, evaluate, and provide guidance to  
29 health care quality improvement efforts for the education,  
30 diagnosis, and treatment of acute stroke; to facilitate the  
31 implementation of quality of stroke care improvements in Iowa  
32 hospitals; and to track the progress of Iowa hospitals in  
33 meeting national benchmarks for stroke care.

34     2. The data collected by and furnished to the department  
35 pursuant to this section are confidential records of the

1 condition, diagnosis, care, or treatment of patients or former  
2 patients, including outpatients, pursuant to section 22.7,  
3 subsection 2. Compilations of information prepared for release  
4 or dissemination from the data collected are not confidential  
5 under section 22.7, subsection 2. However, information which  
6 individually identifies patients shall not be disclosed and  
7 state and federal law regarding patient confidentiality shall  
8 apply.

9 3. To the extent possible, activities under this section  
10 shall be coordinated with other health data collection methods.

11 **Sec. 4. NEW SECTION. 147A.33 Adoption of rules.**

12 The department shall adopt rules to implement the stroke  
13 triage system and statewide stroke registry under this  
14 subchapter. The rules shall include designating stroke as a  
15 reportable disease pursuant to chapter 139A.

16 **Sec. 5. DIRECTIVE TO CODE EDITOR.** The Code editor shall  
17 codify sections 147A.30, 147A.31, 147A.32, and 147A.33, as  
18 enacted in this Act, in a new subchapter in chapter 147A  
19 entitled the "stroke triage plan and system".

20 **EXPLANATION**

21 This bill creates a new subchapter in Code chapter 147A  
22 relating to the establishment by the department of public  
23 health (DPH) of a stroke triage plan and system. The  
24 department is designated as the lead agency responsible  
25 for the development of a statewide stroke triage plan and  
26 system. The plan is to provide for a statewide prehospital  
27 and interhospital stroke triage strategy to promote rapid  
28 access for stroke patients to appropriate organized stroke  
29 care. The system is to include the categorization of all  
30 hospitals as stroke centers by the department in accordance  
31 with their capacity to provide stroke care, certification of  
32 verification of all categorized hospitals by the department  
33 at the level demonstrated by the hospital; and, upon issuance  
34 of a certificate of verification, agreement of a hospital to  
35 maintain a level of commitment and resources sufficient to meet

1 responsibilities and standards as required by the stroke care  
2 criteria.

3     The bill also directs DPH to maintain a statewide stroke  
4 registry to compile information and statistics on stroke care  
5 including prevalence, mortality, and performance metrics for  
6 acute stroke patients. The purposes of the statewide stroke  
7 registry are to monitor, evaluate, and provide guidance to  
8 health care quality improvement efforts for the education,  
9 diagnosis, and treatment of acute stroke; to facilitate the  
10 implementation of quality of stroke care improvements in Iowa  
11 hospitals; and to track the progress of Iowa hospitals in  
12 meeting national benchmarks for stroke care.

13     The bill directs DPH to adopt rules to implement the stroke  
14 triage plan and system and the statewide stroke registry. The  
15 rules shall include designating stroke as a reportable disease  
16 pursuant to Code chapter 139A.